

## Florida Department of Health - Collier County Immunization Services

| PAGER<br>NUMBER |  |
|-----------------|--|
|                 |  |

| PATIENT NAME: DATE OF BIRTH:/ VACCINE RECORD PROVIDED BY PARENT: YES □ NO □  IF NO; ARE YOU ABLE TO LOCATE YOUR CHILD'S RECORD? YES □ NO □ |               |         |                                 |       |                         |                 |                              |  |
|--|---------------|---------|---------------------------------|-------|-------------------------|-----------------|------------------------------|--|
| PERSON HERE WITH CHILD TODAY:  |               |         | □ Moth                          | ner   | □ Father                | □ Le            | egal Guardian                |  |
| □ Other NAME:  | RELATIONSHIP: |         |                                 |       |                         |                 |                              |  |
| PLEASE CIRCLE YOUR ANSWERS BELOW   |               |         |                                 |       |                         |                 |                              |  |
| What language is easiest for you to read?  | English       | Spanish | Creole                          | Othe  | er                      |                 |                              |  |
| Do you need a form for school or daycare?  | YES           | NO      |                                 |       |                         |                 |                              |  |
| What grade will your child be in this year?  | Childcare     | Pre-K   | Kinderga                        | arten | Elementary<br>1 2 3 4 5 | Middle<br>6 7 8 | High<br>School<br>9 10 11 12 |  |
| Is your child on Medicaid?   | YES           | NO      |                                 |       |                         | YES C           | ollege<br>NO                 |  |
| Does your child have insurance?  | YES           | NO      | IF YES, WHAT TYPE OF INSURANCE: |       |                         |                 |                              |  |
| Has your child ever had the chickenpox disease?  | YES           | NO      | IF YES, II                      | N WHA | T YEAR:                 |                 |                              |  |

## **OPTIONAL VACCINES (Not Required for School Entry)**

Do you want your child to have any of these vaccines today? (Please circle yes/no)

| Hepatitis A  | YES | NO | Hepatitis A is a serious liver disease. This is a two dose series spaced 6 months apart.*   |
|--|-----|----|---|
| Influenza (Flu) October through June *while still available* | YES | NO | Influenza is a contagious disease caused by the influenza virus which can be spread by coughing, sneezing, or nasal secretions.  Adults and children need one dose each year, but children 6 months through 8 years old need two doses to be fully protected.*                  |
| Meningococcal (Meningitis)<br>(11 through 18 years of age)   | YES | NO | Meningococcal disease is a serious bacterial illness; it is an infection of the fluid surrounding the brain and spinal cord. College freshmen who live in dorms and teenagers have an increased risk. One dose is given followed by a booster.*                                 |
| Human Papillomavirus (HPV)<br>(11 through 18 years of age)   | YES | NO | Genital human papillomavirus (HPV) is the most common sexually transmitted virus in the United States. HPV can cause cervical cancer in women. It can cause genital warts and warts in the throat in both men and women. This is a three dose series.*                          |
| Varicella (Chickenpox)<br>(2 <sup>nd</sup> Dose Recommended) | YES | NO | Chickenpox is a common childhood disease. It can be spread from person to person through the air, or by contact with fluid from chickenpox blisters. It can be serious, especially in young infants and adults. A second dose is recommended for all children and adolescents.* |

<sup>\*</sup>Please read the vaccine information statement and talk with your health care provider for more information.

Revised: 09/9/2013